

TOTAL CASES

Distributor Signature

complete to the best of my knowledge.

VERMONT DEPARTMENT OF TAXES PO BOX 547 MONTPELIER, VT 05601-0547

STATEMENT OF VINOUS BEVERAGES SOLD TO A VERMONT DEALER For month of _______, 20_____

File this report on or before the 20th of each month.

Distributor															
VT Dealer (U	VT Dealer (Use a separate sheet for each Vermont dealer.)														
Address															
City, State, ZIP	Code														
			Inclu	de Trar	nsfers a	nd/or (Credits	to VT	Dealers	S					
	NUMBER OF CASES BY VOLUME														
INVOICE		GAL	1/2 GAL	MAG	QTS OR LITRE	5THS	PTS	10THS	20THS	JER0	4 LITRE			TOTAL	
Number	Date	4	6	6	12	12	24	24	48	4	4			GALLONS	
		128 OZ	64 OZ	48 - 52 OZ	27 - 33.9 OZ	19 - 26.9 OZ	15 - 18.9 OZ	11 - 14.9 OZ	0 - 10.9 OZ	101.4 - 104 OZ	135 OZ				
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Prepared by (Print or Type)

Title

Form 31

Date

I declare, under penalties of perjury, that this return (including any accompanying schedules and statements) is true, correct, and